2017 Statement of Income and Expenses for LOBBYISTS

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NEW HAMPSHIRE DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE (RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) MARK A. LAWBERT
II. Name of lobbyist's partnership, firm or corporation, if any:
UNITIL CORPORATION (Name of partnership, firm or corporation)
6 LIBERTY LAVE WEST MANPTON NH 03842 Business Address: (Street) (Town/City) (State) (Zip Code)
(603 773,6470 (Fax) e-mail LAMBERT @ UNITIL. Com
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
(Full Name of Client as it appears on the Lobbyist Registration Form)
<u>OR</u>
☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration to 3/31/17 July 26, 2017 activity from 4/1/17 to 6/30/17
October 25, 2017
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
Signature of lobbyist) 10-25-17 (Date)
Signature of lobbyist) (Date)
MARK LAMBERT

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) MARK A. LAMBERT	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
III. Name of Client WITTL GRARATION	Date 10 - 25 - 17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ <u>8, 250</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	a)\$ <u>8,250</u> b) \$ <u>16,500</u> ear)
c) Total of all fees received to date (Add lines a and b)	c)\$ 24,750
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses pair expenses; (b) the aggregate total of all expenses; (c) the of \$25.00 or less); and rting period of greater than \$25.00 for the of greater than \$25, purchase of expense reimbursement, or political expenses.
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 3,240
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	a) \$ <u>3, 240</u> b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ —

d) Total expenses for the (Add lines a, b		d)\$ <u>3,240</u>
	id this calendar year, prior to this reporting period ount on line f of addendum A for last month's report)	e)\$ 12,359
f) Total of all expenses	year to date	ns 15,599
VI. Other Expenses: Provide the following de period, including by who	etail for all expenditures of more than \$25 made from low paid or to whom charged.	obbying fees during this reporting
Paid to:	•	Amount:
-		\$
		\$
		\$
		\$
		\$
		\$
***************************************	***************************************	***************************************
Sworn Statement/Aff	irmation by Lobbyist	
I have read RSA 15, R	SA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to	the best of my knowledge and belief.	
Mhst VIII		10 25.17
Signature of Jobby 1st		10 · 25 · 17 (Date)
MARK LAN	BERT	
(Print Name of lobbyi	ist)	



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

UNITIL LORPO (Name of partne	ership, firm or corporation)		
III. Name of Client			Date 10.25.17
Political Contributions			
	on that is reportable	pursuant to RSA Chan	oter 664 paid on behalf of the
client/lobbyist and lobbying			F
		_	
Full name of candidate: 🖊	H REPUBLIC	AN PARTY	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution $\frac{73}{2}$	50	Office Candidate i	s Seeking House
			ds or services provided, and enter th
Full name of candidate:			
			(Middle Name/Initial)
			(Middle Name/Initial)
Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	d contribution, provide	Office Candidate is	,
Amount of contribution \$ f the contribution is an in-kind contribution is an in-kind contribution is an in-kind contribution in the in-kind contribution is a second contribution in the in-kind contribution in the in-kind contribution is a second contribution in the in-kind contribution in the in	d contribution, provide	Office Candidate is	s Seekingds or services provided, and enter the
Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	d contribution, provide	Office Candidate is	s Seekingds or services provided, and enter the
Amount of contribution \$ f the contribution is an in-kind contribution is an in-kind contribution is an in-kind contribution in the in-kind contribution is a second contribution in the in-kind contribution in	d contribution, provide	Office Candidate is	s Seeking
If the contribution is an in-kind	d contribution, provide	Office Candidate is	s Seeking
Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	d contribution, provide ibution on the line about word "estimate."	Office Candidate is a description of the good ve for amount of contribu	s Seeking
Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	d contribution, provide	Office Candidate is	s Seeking

If more than three contributions were made, report additional con	ntributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and her s true and complete to the best of my knowledge and	reby swear or affirm that the foregoing information belief.
Mul Innlike	10.25.17
Signature of obbyist)	<u>10 · 25 · 17</u> (Date)
MOK / AMBROT	